



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

FUNCTIONAL RESTORATION SERVICES OF TEXAS
283 LOCKHAVEN DRIVE SUITE 315
HOUSTON TX 77073

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

Carrier's Austin Representative Box

Box Number 45

MFDR Tracking Number

M4-12-0914-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Rule 134.600(c)(B) and (p)(10) Authorization was given for chronic pain svcs prior to date of service but insurance carrier denied for documentation. Reconsideration mailed documentation required and reconsideration was still denied for same reason even previous date of service paid with same type of docs."

Amount in Dispute: \$1687.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "An in-depth review of the provider's billing for date of service 1/28/2011 uncovered that the provider had exceeded the combination of two preauthorization requests which authorized a total of 160 hours of Chronic Pain Management, therefore resulting in the denial for 197-Payment denied/reduced for absence of preauthorization. The review further revealed that the requestor had actually exceeded the authorized program by completing a total of 165 hours of CPCP, which exceeded the preauthorization approval by 5 hours." "The injured employee attended the program starting on 1/4/2011 for 7 hours, 1/5/2011 for 8 hours, 1/6/2011 for 8 hours, 1/7/2011 for 4 hours, 1/10/2011 for 8 hours, 1/14/2011 for 8 hours, 1/17/2011 for 8 hours, 1/18/2011 for 8 hours, 1/19/2011 for 8 hours, 1/20/2011 for 6 hours, 1/26/2011 for 8 hours which totals 81 hours for preauth # 1073458 F O which was approved on 12/28/2011." "Preauthorization # 1075833 F O which was approved on 1/25/2011 covered 1/27/2011 for 8 hours, 2/2/2011, for 8 hours, 2/7/2011 for 8 hours, 2/10/2011 for 8 hours, 2/14/2011 for 8 hours, 2/17/2011 for 8 hours, 2/18/2011 for 8 hours, 2/23/2011 for 8 hours, 2/28/2011 for 8 hours which totals 80 hours. Therefore resulting in the denial for date of service 1/28/2011 for the 4 hours as it would have exceeded the approved 80 hours of CPM." "The requestor's documentation (Exhibit I-V) indicates the total time spend performing the exercise program as being 60-120 minutes, however in review of each date the exercise times do not equal the total treatment time given by the provider's, therefore the Office only reimbursed for the actual time that could be substantiated performing exercise."

Response Submitted by: SORM, P.O. Box 13777, Austin, TX 78711

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 28, 2011	Chronic Pain Management Program 97799-CPCA (4 units)	\$500.00	\$500.00
February 2, 2011	Chronic Pain Management Program 97799-CPCA (8 units)	\$187.50	\$0.00
February 7, 2011	Chronic Pain Management Program 97799-CPCA (8 units)	\$187.50	\$0.00
February 8, 2011	Chronic Pain Management Program 97799-CPCA (8 units)	\$62.50	\$0.00
February 10, 2011	Chronic Pain Management Program 97799-CPCA (8 units)	\$187.50	\$0.00
February 14, 2011	Chronic Pain Management Program 97799-CPCA (8 units)	\$312.50	\$0.00
February 18, 2011	Chronic Pain Management Program 97799-CPCA (8 units)	\$187.50	\$0.00
February 28, 2011	Chronic Pain Management Program 97799-CPCA (7 units)	\$62.50	\$0.00
TOTAL		\$1687.50	\$500.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204. Medical Fee Guideline for Workers' Compensation Specific Services. March 1, 2008, 33 TexReg 626, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.600, effective May 2, 2006, 31 TexReg 356, requires preauthorization for chronic pain management program.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated February 22, 2011

- 197-Payment denied/reduced for absence of precertification/preauthorization.

Explanation of benefits dated March 2, 2011

- 151-Payment adjusted because the payer deems the information submitted does not support this many services.

Please provide clinical docs to support each hour spent in the program. The submitted docs do not substantiate the care given, per Rule 133.210(c)(3). Documentation submitted indicates only 6.5 hours spend on date of service.

Explanation of benefits dated March 2, 2011

- W1-Workers compensation state fee schedule adjustment.

Please provide clinical docs to support each hour spent in the program. The submitted docs do not substantiate the care given, per Rule 133.210(c)(3). Documentation submitted indicates only 6.5 hours spend on date of service.

Explanation of benefits dated March 4, 2011

- W1-Workers compensation state fee schedule adjustment.

Please provide clinical docs to support each hour spent in the program. The submitted docs do not substantiate the care given, per Rule 133.210(c)(3). Documentation submitted indicates only 6.5 hours spend on date of service.

Explanation of benefits dated March 4, 2011

- W1-Workers compensation state fee schedule adjustment.

Please provide clinical docs to support each hour spent in the program. The submitted docs do not substantiate the care given, per Rule 133.210(c)(3). Documentation submitted indicates only 5.5 hours spend

on date of service.

Explanation of benefits dated March 29, 2011

- W1-Workers compensation state fee schedule adjustment.

Please provide clinical docs to support each hour spent in the program. The submitted docs do not substantiate the care given, per Rule 133.210(c)(3). Documentation submitted indicates only 6.5 hours spend on date of service.

Explanation of benefits dated May 25, 2011

- 198-Payment denied/reduced for exceeded precertification/authorization.
- 193-original payment decision is being maintained. This claim was processed properly the first time. Pre-Auth # 1075883F0 approved 80 hours of CPM and Pre-Auth # 1073458F0 approved 80 hours of CPM gives a total of 160 hours of CPM. DOS billed exceeds both re-auth combined hours.

Explanation of benefits dated May 26, 2011

- W1-Workers compensation state fee schedule adjustment.
- Payment adjusted to 7.5 hrs; the carrier does not pay for lunch break.

Explanation of benefits dated May 26, 2011

- 151-Payment adjusted because the payer deems the information submitted does not support this many services.
- 193-original payment decision is being maintained. This claim was processed properly the first time. Please provide clinical docs to support each hour spent in the program. The submitted docs do not substantiate the care given, per Rule 133.210(c)(3). Documentation submitted indicates only 6.5 hours spend on date of service.

Explanation of benefits dated May 26, 2011

- W1-Workers compensation state fee schedule adjustment.
- 193-original payment decision is being maintained. This claim was processed properly the first time. Please provide clinical docs to support each hour spent in the program. The submitted docs do not substantiate the care given, per Rule 133.210(c)(3). Documentation submitted indicates only 6.5 hours spend on date of service. No additional documentation to substantiated add'l units.

Explanation of benefits dated May 26, 2011

- W1-Workers compensation state fee schedule adjustment.
- 193-original payment decision is being maintained. This claim was processed properly the first time. Payment adjusted to 7.5 hrs; the carrier does not pay for lunch break.

Explanation of benefits dated May 26, 2011

- W1-Workers compensation state fee schedule adjustment.
- 193-original payment decision is being maintained. This claim was processed properly the first time. Please provide clinical docs to support each hour spent in the program. The submitted docs do not substantiate the care given, per Rule 133.210(c)(3). Documentation submitted indicates only 5.5 hours spend on date of service.

Explanation of benefits dated May 26, 2011

- W1-Workers compensation state fee schedule adjustment.
- 193-original payment decision is being maintained. This claim was processed properly the first time. Recommended payment for 6.5 hours only in review of documentation. No further units substantiated in documentation.

Issues

1. Does the documentation support the billed service for dates of service February 2, 2011 through February 28, 2011?
2. Did the requestor exceed the number of units preauthorized?
3. Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for dates of service February 2, 2011 through February 28, 2011 based upon reason codes "W1-Workers compensation state fee schedule adjustment"; "151-Payment adjusted because the payer deems the information submitted does not support this many services". A review of the submitted documentation supports the following:

DATE	NUMBER OF HRS. BILLED	NUMBER OF HRS. DOCUMENTED	TOTAL HRS. DOCUMENTED	TOTAL HRS. PAID
February 2, 2011	8	Exercise Regime Progress Note = 30 minutes Therapy Note = 60 minutes Exercise Regime Progress Note = 40 minutes Group Therapy = 60 minutes Group Therapy = 60 minutes Exercise Regime Progress Note = 30 minutes Psychotherapy = 60 minutes	5:40	6:30
February 7, 2011	8	Exercise Regime Progress Note = 40 minutes Psychotherapy Note = 60 minutes Exercise Regime Progress Note = 31 minutes Group Therapy = 60 minutes Psychotherapy = 60 minutes Massage = 0 minutes Exercise Regime Progress Note = 31 minutes Group Therapy = 60 minutes	5:42	6:30
February 8, 2011	8	Exercise Regime Progress Note = 45 minutes Psychoeducation = 60 minutes Exercise Regime Progress Note = 30 minutes Group Therapy = 60 minutes Group Therapy = 60 minutes Exercise Regime Progress Note = 60 minutes Vocational Services = 60 minutes	6:15	7:30
February 10, 2011	8	Exercise Regime Progress Note = 30 minutes Group Therapy = 60 minutes Exercise Regime Progress Note = 0 minutes Group Therapy = 60 minutes Relaxation Therapy = 60 minutes Exercise Regime Progress Note = 30 minutes Group Therapy = 60 minutes	5:0	6:30
February 14, 2011	8	Exercise Regime Progress Note = 30 minutes Group Therapy = 60 minutes Massage = 30 minutes Group Therapy = 60 minutes Psychotherapy = 60 minutes Exercise Regime Progress Note = 30 minutes Group Therapy = 60 minutes	5:30	5:30
February 18, 2011	8	Exercise Regime Progress Note = 40 minutes Exercise Regime Progress Note = 1 minutes Group Therapy = 60 minutes Relaxation Therapy = 60 minutes Exercise Regime Progress Note = 30 minutes Psychotherapy = 60 minutes	4:21	6:30

February 28, 2011	7	Psychotherapy = 60 minutes Exercise Regime Progress Note = 0 minutes Group Therapy = 60 minutes Psychoeducation Group Therapy = 60 minutes Massage = 30 minutes Exercise Regime Progress Note = 30 minutes Group Therapy = 60 minutes	5:0	6:30
TOTAL	55		37:28	45:30

The Division finds that on the Exercise Regime Progress Notes, the requestor's documentation does not support the total time billed. Furthermore, the requestor did not consider lunch and breaks in the billing. Therefore, the requestor's documentation does not support the billed amount, and additional reimbursement cannot be recommended for dates of service February 2, 2011 through February 28, 2011.

2. The respondent denied reimbursement for date of service January 28, 2011 based upon reason code "197- Payment denied/reduced for absence of precertification/preauthorization."

The respondent states in the position summary that "An in-depth review of the provider's billing for date of service 1/28/2011 uncovered that the provider had exceeded the combination of two preauthorization requests which authorized a total of 160 hours of Chronic Pain Management, therefore resulting in the denial for 197- Payment denied/reduced for absence of preauthorization. The review further revealed that the requestor had actually exceeded the authorized program by completing a total of 165 hours of CPCP, which exceeded the preauthorization approval by 5 hours." "The injured employee attended the program starting on 1/4/2011 for 7 hours, 1/5/2011 for 8 hours, 1/6/2011 for 8 hours, 1/7/2011 for 4 hours, 1/10/2011 for 8 hours, 1/14/2011 for 8 hours, 1/17/2011 for 8 hours, 1/18/2011 for 8 hours, 1/19/2011 for 8 hours, 1/20/2011 for 6 hours, 1/26/2011 for 8 hours which totals 81 hours for preauth # 1073458 F O which was approved on 12/28/2011." "Preauthorization # 1075833 F O which was approved on 1/25/2011 covered 1/27/2011 for 8 hours, 2/2/2011, for 8 hours, 2/7/2011 for 8 hours, 2/10/2011 for 8 hours, 2/14/2011 for 8 hours, 2/17/2011 for 8 hours, 2/18/2011 for 8 hours, 2/23/2011 for 8 hours, 2/28/2011 for 8 hours which totals 80 hours. Therefore resulting in the denial for date of service 1/28/2011 for the 4 hours as it would have exceeded the approved 80 hours of CPM."

On January 26, 2011, the respondent gave preauthorization approval for an additional 80 hours of chronic pain management program, for a total of 160 hours.

The respondent's documentation indicates that the requestor billed for 161 hours of chronic pain management. Therefore, the requestor billed for one extra hour of CPMP.

As stated above, the requestor was not paid for all of the hours billed; therefore, for date of service January 28, 2011, payment of four (4) hours would not exceed the reimbursement due of the preauthorized 160 hours.

The submitted documentation supports the billing 4 hours of CPMP; therefore, reimbursement is recommended.

3. 28 Texas Administrative Code §134.204(h)(1)(A) states "(A) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR."

28 Texas Administrative Code §134.204(h)(5)(A) and (B) states "The following shall be applied for billing and reimbursement of Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs

(A) Program shall be billed and reimbursed using CPT Code 97799 with modifier "CP" for each hour. The number of hours shall be indicated in the units column on the bill. CARF accredited Programs shall add "CA" as a second modifier.

(B) Reimbursement shall be \$125 per hour. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes."

The Division finds that the requestor billed CPT code 97799-CP-CA for four (4) hours on January 28, 2011. Therefore, per 28 Texas Administrative Code §134.204(h)(1)(A) and (5)(A) and (B), the MAR for a CARF

accredited program is \$125.00 per hour x 4 hours = \$500.00 per day. This amount is recommended for reimbursement.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation supports additional reimbursement sought by the requestor. The Division concludes that the requestor supported its position that additional reimbursement is due. As a result, the amount ordered is \$500.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$500.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	4/20/2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.